



# New Garden Friends School Summer Program Registration Form

Child's Full Name \_\_\_\_\_ Name they go by \_\_\_\_\_

Age \_\_\_\_\_ Birth date \_\_\_\_\_ Gender \_\_\_\_\_

Last School Attended \_\_\_\_\_ Last Grade Completed \_\_\_\_\_

Parent(s)/Guardian(s) \_\_\_\_\_

**Home Address** \_\_\_\_\_ **Phone Home** (\_\_\_\_)-\_\_\_\_\_  
Street \_\_\_\_\_ **Work** (\_\_\_\_)-\_\_\_\_\_  
City/Zip Code \_\_\_\_\_ **Mobile** (\_\_\_\_)-\_\_\_\_\_  
Email address: \_\_\_\_\_

**I wish to enroll my child in the following session(s):** (Check applicable sessions)

**A Pre-School Summer Session:** \_\_\_\_\_ **June 15-19** (9am-12pm)

### Summer Adventures:

- \_\_\_\_\_ Session 1 **June 15-19** *Space Adventures*
- \_\_\_\_\_ Session 2 **June 22- 26** *Mad Scientists & Crazy Inventors*
- \_\_\_\_\_ Session 3 **July 6-10** *Knights & Castles*
- \_\_\_\_\_ Session 4 **July 13-17** *Carpentry & Architecture*
- \_\_\_\_\_ Session 5 **July 20-24** *Strange Sightings & Legends*
- \_\_\_\_\_ Session 6 **July 27-31** *Pyramids & Mummies*
- \_\_\_\_\_ Session 7 **August 3-7** *Dinosaurs*
- \_\_\_\_\_ Session 8 **August 10-14** *Pirates*

### Middle School Electives:

- \_\_\_\_\_ Elective **June 15-19** *Digital Photo Safari*
- \_\_\_\_\_ Elective **June 22-26** *Geocaching!*
- \_\_\_\_\_ Elective **July 6-10** *Goofing Off In Greensboro*
- \_\_\_\_\_ Elective **July 13-17** *Hippie Crafts*
- \_\_\_\_\_ Elective **July 20-24** *School of Rock*
- \_\_\_\_\_ Elective **July 20-24** *Painting*
- \_\_\_\_\_ Elective **July 27-31** *BAM! Cooking with Middle School*
- \_\_\_\_\_ Elective **August 3-7** *Lights, Camera, Action!*
- \_\_\_\_\_ Elective **August 10-14** *Woodworking*

**Extended Care Needed:** Full time \_\_\_\_\_ Part time \_\_\_\_\_ No time \_\_\_\_\_

*Please make checks payable to: New Garden Friends School*

**Don't forget to fill out the Medical Information form on the reverse side of this page. Once you have sent this in, you will receive a confirmation letter verifying the session(s) you will attend.**

# NGFS Summer Program Medical Information & Permission Form

Permission is hereby granted for my child \_\_\_\_\_

- To participate in all of the activities of the summer program and use all of the educational and play equipment of the school and to leave the school premises on field trips in the school buses.
- To be included in pictures connected with Summer Program.

Permission is hereby granted for Summer Program staff members to take my child to an emergency room or nearby physician for treatment in case of illness or injury. It is understood that the Summer Program staff will make every effort to contact the parent(s)/guardian(s) of the child or their contact person should they be unavailable. Summer Program staff will also attempt to contact the family physician.

Permission is hereby granted for Summer Program staff members to administer the medications checked off below without having to notify the parent(s)/guardian(s):

_____ Acetaminophen	_____ Ibuprofen
_____ Benedryl	_____ Cough suppressant
_____ Stomach medication	_____ Other (specify) _____

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

Hospital preference when available \_\_\_\_\_

Please list and describe any allergies, conditions or behavioral needs your child may have and what, if any, medications they will be taking while at Summer Program. All medications will be administered by NGFS Summer Program staff.

\_\_\_\_\_  
\_\_\_\_\_

As a Quaker school, NGFS seeks to promote honesty, integrity and a sense of safety; therefore, if any student enrolled in our Summer Program cannot adhere to these values, they will be removed from the program without refund. Signing below verifies that you as parent(s)/guardian(s), understand this policy of conduct and will comply with these provisions.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_